

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745691

(6)

1. Corporation Name

BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1527 GLEN HOLLOW LN N
DUNEDIN FL 34698
US

Mailing Address

1527 GLEN HOLLOW LN N
DUNEDIN FL 34698
US

3. Date Incorporated or Qualified
01/24/1979

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1521 Glen Hollow Ln So

26 1524 Glen Hollow Ln So

4. FEI Number
59-2895816

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

Dunedin FL

Dunedin FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34698

25 Country

29 Zip 34698

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIEN, DAVID J.
1527 GLEN HOLLOW LANE, NORTH
DUNEDIN FL 34698

81 Name Betty G. Mann

82 Street Address (P.O. Box Number is Not Acceptable)
1521 Glen Hollow Ln So

83

84 City Dunedin

FL

85 Zip Code 34698

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VP	LOEFFERT, SUSAN	1571 GLEN HOLLOW LN S.	DUNEDIN FL	☒ remove
S	KING, DOROTHY	1520 BRAEMOOR LANE	DUNEDIN FL	☒ remove
T	BRIEN, DAVID J.	1527 GLEN HOLLOW LANE, NORTH	DUNEDIN FL	☒ remove
D	PARKER, DONNA	1537 GLEN HOLLOW LN N	DUNEDIN FL	☒ leave as is
P	MEEHAN, LISA	1530 BRAE MOOR LN	DUNEDIN FL	☐ leave as is
D	PRICE, BUFFY	1878 BRAE MOOR DR.	DUNEDIN FL	☒ leave as is

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	Vicki Bayliss	1958 Brae Moor Lane Drive	Dunedin FL 34698	☒	☒
S	Gina Massotto	1525 Brae Moor Lane	Dunedin FL 34698	☒	☒
T	Betty G. Mann	1521 Glen Hollow Ln So	Dunedin FL 34698	☒	☒
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change	☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change	☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not of qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty G. Mann 4/30/96 813 736 2854

Date Daytime Phone #

CR2E037 (12/95)